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SERIAL NUMBER 10/828,545	FILING OR 371(c) DATE 04/20/2004 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. P-9618.05
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APPLICANTS
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**** CONTINUING DATA *******
 This application is a CON of 09/943,193 08/29/2001 which claims benefit of 60/228,961 08/29/2000
 and claims benefit of 60/228,674 08/29/2000
 and claims benefit of 60/228,686 08/29/2000
 and claims benefit of 60/228,685 08/29/2000
 and claims benefit of 60/228,645 08/29/2000
 and claims benefit of 60/228,699 08/29/2000
 and claims benefit of 60/228,698 08/29/2000
 and claims benefit of 60/228,697 08/29/2000
 and claims benefit of 60/228,696 08/29/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 06/29/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY MN	SHEETS DRAWING 8	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 20
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ADDRESS
27581

TITLE
Medical device systems implemented network scheme for remote patient management

FILING FEE RECEIVED 2830	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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